	TE / OFFICEHOLDER N FINANCE REPORT	7417	FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	(MS) MRS / MR FIRST	МІ	OFFICE USE ONLY
NAME	NICKNAME LAST Crump	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE: ZIP CODE	Date Hand davered or Dale pstmarker
ADDRESS Change of Address	AUSTIN, TR 78730	0	PA
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (612) 773-9361	EXTENSION	Pate Processed
6 CAMPAIGN TREASURER NAME	MOYMRS/MR FIRST ELizabeth NICKNAME LAST	MI SUFFIX	Date imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	Rogers STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE #; 10601 FM 2222, SL HUSTIN TZ 79731		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 924-7977	EXTENSION	
9 REPORTTYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 06/30	Year (O
11 ELECTION	ELECTION DATE Month Day Year O 2 O Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (If known	·
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITI CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION Name		
INDIVIDUALS	Address / PO Box; Apt. / Suite #; City; State; Zip Co	ode	
	GO TO PA	GE 2	

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPURI	& IUIAL	.5	COVER SHEET PG 2	
15 C/OH NAME			16 ACCOUNT # (Ethics Commission Filers)	
17 NOTICE FROM POLITICAL	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAY HOUDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
18 CONTRIBUTION TOTALS		 		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,650	
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEM	\$ 432	
	4. TOTAL	POLITICAL EXPENDITURES	s 7,638	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY STATES OF REPORTING PERIOD \$ 4,173			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ -0-			
	DEANNA PICKRELL Commission Explri April 21, 2014	is true and correct and includes all me under Title 15, Election Code.	f perjury, that the accompanying report I information required to be reported by diddate or Officeholder	
Sworn to and subs		me, by the said Karen Chung , 20 10, to certify which, witness r		
Signature of officer admir	Well nistering oath	Deanna Pickel	NOTAM Title of officer administering oath	

ł	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	ıs		SCHEDULE A
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A:
2 FILER NAME	Karin Crump		3 ACCOUNT # (E	ethics dommission Filers)
4 Date	5 Full name of contributoroul-of-state PAC(ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
72410	Mattie Adams 6 Contributor address; City: State; Zip Code 15941 Booth Circle		\$60	1
	Volence, Tx 78641		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
422/10	Cori Harbour Contributor address: City; State; Zip Code 747 E. San Antonio Ave	enul	\$100	1
	El Paso, TX 79901		(If travel outside	of Texas, complete Schedule T
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_	ولعام	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/8/10	Jesse and Jennie Who Contributor address; City: State; ZIp Code 5702 Cedar Cove		[†] 50	(
	San Antonio, TR 7824	9	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:	te Woner	Amount of contribution (\$)	In-kind contribution description (if applicable)
31410	Contributor address; City; State; Zip Code P. O. Box 2211	}	f l,ooo	<u> </u>
<u></u>	Austin, TR 78768-			 of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/2/10	Contributor address; City; State; Zip Code		F100	\
	Aushin LT2 78726		(if travel outside	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.				

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 2 FILER NAME B In-kind contribution 4 Date 7 Amount of contribution (\$) ; description (if applicable) Law Office of Vic Feazell, P.C 6 Contributor address: City: State: Zip Code 6618 Sitto Del Rio Blud Blq C-101 (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) Law Office of Vic Feazell, P. C 9 Principal occupation / Job title (See Instructions) Full name of contributor Date Out-of-state PAC (ID# Amount of contribution (\$) description (if applicable) Meachum Contributor address; City; State; Zip Code 5103 Cadro Trail **7400** Austin 12 78731 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution Beverly Reeves Contributor address; City; State; Zip Code 221 W. Leth Suck 1000 Auskin TD 78701-3410 contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Roeves + Brightwell HHOrner Full name of contributor Amount of In-kind contribution contribution (\$) description (if applicable) Tim + Laura Aleott Contributor address; City; State; Zip Code 0017 San Antonio, TR 78248 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions), Attorney I Honemaker an Andorius Housing In-kind contribution Date Amount of Contributor address; Clty; State; Zip Code P.O. Box 1148 contribution (\$) description (if applicable) Austin ITE 78767 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorneys ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	s		SCHEDULE A
The	Instruction Guide explains how to complete this	form.	1 Total pages Sche	adule A:
2 FILER NAME	Karin Crump		3 ACCOUNT # (Et	nics Cammission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	}	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
112/10	Herb Evans 6 Contributor address; City; State; Zip Code 1302 West Avenue Austin IZ 78701-171	(م	250	
9 Principal occup		10 Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC(ID#:_ Kasling, Hemphill, Doleal Contributor address; City; State; Zip Code 700 Lavaca, Ste 100	+ Amel, w	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/15/10	700 Lavaca, Ste 100 Bushin TR. 78101	0	250	
	Muser CIX 19101		(if travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor _ cut-of-state PAC (ID#:_ Law Office of John ?	5. Rubin	Amount of contribution (\$)	In-kind contribution description (if applicable)
0 إما إم	Law Office of John ? Contributor address; City: State: Zip Code 700 Lavaca, Ste 405 Austin TR 78701	Pice	*25°C	1
\	(1)2		(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC(ID#:		Amount of contribution (\$)	in-kind contribution description (if applicable)
6/16/10	P.O. Box 2004		1,000	1
(Austin , TZ 78768		(f.) ((Trues asserted Set of the Ti
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Fuli name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
6/16/10	Contributor address; City; State; Zip Code 1506 Gaston Ave		*Z50	description (if applicable)
{ 	Austin ITZ 78703-	2419	650	\ \
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
	paratire (out manufactoria)			
}				
}	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULI	E AS NEEDED	
) If	contributor is out-of-state PAC, please see instr	uction guide forad	Iditional reporting	requirements.
S				

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	is		SCHEDULE A
The	Instruction Guide explains how to complete this	form.	1 Total pages Sche	adule A:
2 FILER NAME	Karin Crump		3 ACCOUNT # (Et	hics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5/25/10	Herring + Irwin, LL 6 Contributor address; City: State; Zip Code 701 Brazas Street, Ste	P	+75N	
27/10		650		}
! !	Austin (TR 78101		(If travel outside o	of Texas, complete Schedule T)
9 Principal occur	Pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor 🔲 cut-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
5100	Law Office of Benigno (Tr	ey) Martinez	COMMODITION (\$)	description (in applicable)
5/28/10	Law Office of Benigno (To Contributor address; City; State; JZip Code 1201 E. Van Buren St		F 250	Į.
	Brownsville, TR 78520		1	f Taura alata Cataduta Ti
Principal occur	pation / Job title (See instructions)	Employer (See I		If Texas, complete Schedule T)
	Attorney			
Date)	Full name of contributor U out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/12	Herbert Evans Contributor address; City; State; Zip Code 1302 west Evenue		\$	\
6/12/10	1302 west Avenue	i	F250	, }
	Austra 70 78701		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See)	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution
6/16/10	Stephen + Stephanie to Contributor address: City: State: Zip Code 14519 Rudgetop Tamas Auskin IR 78732-	tang	contribution (\$)	description (if applicable)
110	14519 Redgetop Tamas	1037		,
}	<u> </u>			of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
(e).	Contributor address; City; State; Zi Code 2707 Carnaryon La		+_	[
116/10	2701 Carnaryon La	ne.	30	1
	Austin 172 78704		(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		
	Junge	14 aucs	<u> </u>	1
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE	AS NEEDED	
] If o	contributor is out-of-state PAC, please see instr			requirements.
}				

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 2 FILER NAME 4 Date 8 In-kind contribution 7 Amount of Snell Law Firm 6 Contributor address; City; State; Zip Code 818 W. 10th Street contribution (\$) description (if applicable) \$ 50 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) In-kind contribution Amount of contribution (\$) description (if applicable) Law Office of Jana Ortega Contributor address: City; State: Zip Code 16/10 1105 Rio Evande 34. (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Amount of contribution (\$) description (if applicable) Cecelia Burke Contributor address; City; State; Zip Code 6500 Santolina Cove P 00 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Full name of contributor ut-of-state PAC (ID#:_ Amount of description (if applicable) contribution (\$) Bruce Elfant Contributor address; City; State: Zip Code 45 ZZ Averve F 79151 Austin, TR (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of In-kind contribution description (if applicable) contribution (\$) Stacy Suits Contributor address: City; State: Zip Code 7807 Doncaster Drive Aushn ITZ 78745 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

(512) 463-5800

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	NS		SCHEDULE A
The	instruction Guide explains how to complete this		1 Total pages Sche	dule A:
2 FILER NAME	Karin Crump 5 Full name of contributor Out-of-state PAC(ID#:		3 ACCOUNT # (Et	hics Commission Filers)
4 Date	LOVERT PULL		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
01/9/10	6 Contributor address; City: State; Zip Code 1431 Brear Cliff Blud		\$25°°	
9 Principal occup	Austin TR 78723-1	Sob 10 Employer (See		of Texas, complete Schedule T)
	her on state	Sarain		
Date	Full name of contributor out-of-state PAC(1D#: Benjamin + Waria More		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/11/10	Contributor address; City; State; Zip Code 3521 Grines Ranch Rd		*600	
,	Austin, TR 78732		1	
Oringinal conve	And the fill (Day Individual)	Employee (See	*	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	instructions)	I
Date	Full name of contributor out-of-state PAC (ID#:	eland	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/16/10	John Lipsconbet Jan Br Contributor address: City: State: Zip Code 6400 Mesa Drive		100)
	Austn [TR 7873]		(If travel outside)
	Section / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/16/10	Jo Ann Merica Contributor address; City; State; Zip Code 3708 Meredith St, #	B	100	1
	Austr LTD 78103-2	1521]()! travel outside	of Texas, complete Schedule T)
	oation / Job title (See Instructions)	Employer (See		rt, Muran + Am
Date	Full name of contributor Dut-of-state PAC (ID#:		Amount of	In-kind contribution
6/16/10	Nathanial J. Walk		contribution (\$)	description (if applicable)
	Austin 172 78749-	2113	(If travel outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See		digner
lf c	ATTACH ADDITIONAL COPIES contributor is out-of-state PAC, please see inst			requirements.

(512) 463-5800

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	15		SCHEDULE A
The	Instruction Guide explains how to complete this	form.	1 Total pages Sche	adule A: Tef 14
2 FILER NAME	Karin Crump		3 ACCOUNT # (E	hics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
0) أعالم	Maria Canchola 6 Contributor address: City; State; Zip Code 1900 East Side Drive Oustin TR 78104		*50°	
	nation / Job title (See Instructions)	10 Employer (See I		of Texas, complete Schedule 1)
(Constable	traus	Courty	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
, ,	Hazam Badran		4 00	,
0/17/10	Contributor address; City; State; Zip Code		[100	
}	Austin 172 78726			}
Principal occup	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule 1)
	Physician	<u> </u>		
Date	Full name of contributor 🔲 cut-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
61301	Anita Davi S Contributor address: City; State; Zip Code		0	1
6/30/10	The Waldon Dive		150	
	Austin, 72 78750			
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
	Retired			
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
) las	Veronica Johnson		contribution (3)	description (it applicable)
930/10	Contributor address: City; State; Zip Code		+ 57200	1
}	Contributor address: City: State: Zip Code Two Cost Tail Core Austin, Tx 78750)	}
<u></u>				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Joanne Senyk		±	description (if applicable)
13010	Joanne Senyk Contributor address; City; State: Zip Code 5800 Trailridge D	~ × e	75	<u> </u>
110	Austin ITZ 78731		-	
\				of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	·
)				
{	ATTACH ADDITIONAL COPIES			
] If c	contributor is out-of-state PAC, please see inst	ruction guide forad	ditional reporting	requirements.
(

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule The Instruction Guide explains how to complete this form. ACCOUNT # (Ethics Comm 2 FILER NAME Karin Crump 8 In-kind contribution 7 Amount of contribution (\$) description (if applicable) 6/30/10 Dwight + Linda Bertram 6 Contributor address: City: State: Zip Code 209 Timothy John Orive **P**100 Pfugerville, T2 78660 (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) 9 Principal occupation / Job title (See Instructions) Day Constable Travis Count In-kind contribution Amount of contribution (\$) description (if applicable) Contributor address: City: State; Zip Code \$<0 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Corsultar Actorne Full name of contributor In-kind contribution contribution (\$) description (if applicable) Zeke DeRose Contributor address: City: State: Zip Code Zio Mangranta Crescent (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) + Elkins \mathcal{N} In-kind contribution contribution (\$) description (if applicable) Jaine Lynn Contributor address; City; State; Zip Code 411 Mandarin Flynay (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) tieneral. Attorney ul-of-state PAC (ID# Amount of contribution (\$) description (if applicable) isill Miller Contributor address; City; State; Zip Code Texarkana, Tr. 75503 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS	SCHEDULE A
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME Karin Crump	3 ACCOUNT # (Ethics Commission Filers)
3 Date 5 Full name of contributorout-of-state PAC (ID#:) Betty Blackwell 6 Contributor address; City; State; Zip Code 2700 Townes Lane	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
Austin 172 78703	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (See Seuf	Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
Taylor Brown Contributor address; City; State; Zip Code 12917 Appeloosa Chase Dr. Austin, To 78732	*100°
Principal occupation / Job title (See Instructions) Employer (See	(If travel outside of Texas, complete Schedule T)
Software architect Tayto	y,uc
Date Full name of contributor out-of-state PAC (ID#:) Agela Abney	Amount of In-kind contribution contribution (\$) description (if applicable)
S/21/10 Argela Abrey Contributor address; City; State; Zip Code 7706 Rosalo Road	100
Austin (TR78157	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	Instructions)
Date Full name of contributor	Amount of In-kind contribution contribution (\$) description (if applicable)
5/22/10 Contributor address; City; State: Zip Code 2316 Thrasher Lane	*25°
Austin (TR 78741	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Archaelogist Red W	
Dale Full name of contributor	Amount of In-kind contribution description (if applicable)
pushinitz 78724	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	
ATTACH ADDITIONAL COPIES OF THIS SCHEDUL If contributor is out-of-state PAC, please see instruction guide forac	

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	ıs		SCHEDULE A	
The	Instruction Guide explains how to complete this	form.	1 Total pages Sche	dule A:	
2 FILER NAME	Karin Crump		3 ACCOUNT # (Et	hics Commission Filers)	
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
66/a110	Michael Gershan 6 Contributor address: City: State: Zip Code 2909 Cleannew Drive outs in TR 70703		*100°	of Texas, complete Schedule T)	
	ation / Job title (See Instructions)	10 Employer (See	Instructions)	, Richalle + Tion	 ሌየፅ.
Date	Full name of contributor Out-of-state PAC (ID#:_		Amount of	In-kind contribution	l.c
06/01/10	Doug Bell Contributor address; City; State; Zip Code 9202 Coden Crest Do Austra, TZ 78750	~ve_	contribution (\$)	description (if applicable)	
Principal occup	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)	
	Engineer				
Date	Full name of contributor out-of-state PAC (ID#:_	······································	Amount of contribution (\$)	In-kind contribution description (if applicable)	
alalio	Contributor address; City, State: Zip Code 5602 Shoaledge Ce	urt	*75°	<u> </u>	
	Aushin, TR 78756		(If travel outside	of Texas, complete Schedule T)	
	pation / Job title (See Instructions)	Employer (See	Instructions)	General	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution	
06/01/10	Thomas Shain Contributor address; City: State: Zip Code 4209 Speedway # 106 Aushn, To 78151		contribution (\$)	description (if applicable)	
Principal occup	Adamen Adamen	Employer (See	Instructions	res Shain, PLC	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution	
@6/01/10	- 1111 - 121	12.0	*25°°	description (if applicable)	
	Jonestoun, TX 786	17	(If travel outside	of Texas, complete Schedule T)	
Principal occup	Dation / Job title (See Instructions)	Employer (See	Instructions)		i I
lf c	ATTACH ADDITIONAL COPIES (contributor is out-of-state PAC, please see inst			requirements.	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS	SCHEDULE A
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME Karin Crump	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
Ob/03/10 Taylor Brown 6 Contributor address; City; State; Zip Code 12917 Appaloosa Chase Drive	1/0000
Aushin, R78732	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (See Tay Tay	LLC
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
Obj Christopher Elliott Contributor address; City; State: Zip Code 1705 Resb Road	100
Austin, TR 78704	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See instructions) Employer (See Graves,	
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
Oblo3/10 Mary Throp Contributor address; City; State; Zip Code 11+05 Monet Drive	*1000
Austa 172 78726	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Chueh of State Rep. W	Instructions)
Date Full name of contributor oul-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$), description (If applicable)
Ob/03/10 John Anstach Contributor address; City: State; Zip Code 6914 Wildgrove Ave.	1000
Dallas, R 75214	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	Instructions)
Date Full name of contributor out-of-state PAC(ID#:	Amount of In-kind contribution
Oldon Julia Bouldin Contributor address: City; State; Zip Code (3430 Wire Road	contribution (\$) description (if applicable)
Learder, Tx 78641	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	
ATTACH ADDITIONAL COPIES OF THIS SCHEDUL If contributor is out-of-state PAC, please see instruction guide fora-	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A.
2 FILER NAME Karin Crump	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor Dout-of-state PAC(ID#:	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
Possi Millest 6 Contributor address; City; State; Zip Code 1001B Circleview Drive	*35 00
Austin (T2 78733	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 E	Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
Objet 10 Birjis Rashed Contributor address; City; State; Zip Code 11914 Portobella Drive	£50
Austin 172 78732	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
Objettion Angela Alonew Contributor address; City; State; Zip Code 770 6 Robalo Road	*50°=>
Austin, D. 78157	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:) Amount of In-kind contribution contribution (\$), description (if applicable)
Objetto Jennifer Frans Contributor address: City: State: Zip Code 13809 Panagna Div Austin, D. 78732	* ************************************
``````````````````````````````````````	(If trayel outside of Texas, complete Schedule T)  Employer (See Instructions)
Admin Asst	Good knight Music
Date Full name of contributor out-of-state PAC (ID#:	) Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code 601 22nd SF	*250°°
Beaumont, D 77706	(If travel outside of Texas, complete Schedule T)
	Employer (See Instructions)  Mehally Weber P.C
Gracholder	7
ATTACH ADDITIONAL COPIES OF TH	
If contributor is out-of-state PAC, please see instructio	on guide toradditional reporting requirements.

1	AL CONTRIBUTIONS THAN PLEDGES OR LOAI	NS		SCHEDULE <b>A</b>
The I	nstruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A: 13 of 14
2 FILER NAME	Karin Grump		3 ACCOUNT# (E	thics Commission Filers)
4 Date	Full name of contributor out-of-state PAC (ID#_  RUSTY New South	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
16/16/10	6 Contributor address; City; State; Zip Gode		* 25°°°	<u>-</u>
D. Britains	Austrin, Texas 18		<del></del>	of Texas, complete Schedule T)
9 Principal occupa	tion / Job title (See Instructions) Checker	10 Employer (See I	nstructions)	
Date	Full name of contributor		Amount of Contribution (\$)	In-kind contribution description (if applicable)
6/16/10	Contributor address; City; State; Zip Code 8911 N. Cap of TX th	<b>-</b> Y	*2500	
	Austin, 72, 78759		(If travel outside o	f Texas, complete Schedule T)
Principal occupa	tion / Job title (See Instructions) Attorney	Employer (See I	• / ' / •	ا, ریک
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/29/10	Benjamin Connall Contributed address; City; State; Zip Code 4848 Pin Dalk Pa	4c#426	\$ 2500	· ·
	Houston, Texas 7		(If travel outside o	f Texas, complete Schedule T)
Principal occupa	tion / Job title (See Instructions)	Employer (See in		- Pappas,
Date	Full name of contributor [] out-of-state PAC (ID#_ Ann Elisabeth Le	2 buda	Amount of contribution (\$)	In-kind contribution description (if applicable)
67/01/10	Contributor address; City; State; Zip Code 2550 Delvin Lane		\$25°	
	Austria, TR 78728		(If travel outside o	f Texas, complete Schedule T)
Principal occupa	tion / Job title (See Instructions)  Tech Analyst	Employer (See II		r rexas, complete Schedule 17
Date	Full name of contributor   out-of-state PAC (ID#_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
امال	David Courreges		to the second se	+ 5 (O)
14/10	Contributor address; City; State; Zip Code			Website +
}	Austria, TR 78739		(If travel outside or	Texas, complete Schedule T)
,	ion / Job title (See Instructions)	Employer (See In	nstructions)	sh buxx 100
Γ			- (	
if co	ATTACH ADDITIONAL COPIES Ontributor is out-of-state PAC, please see instru			requirements.

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAD	exas 78711-2070	(512) 463-	SCHEDULE <b>A</b>
The	Instruction Guide explains how to complete this	s form.	1 Total pages Scr	14 of 14
2 FILER NAME	Karin Crump		3 ACCOUNT # (E	ithics Commission Filers)
Date Date	5 Full name of contributor Out-of-state PAC(10#:_ Wholesale Beer Dan	butors of	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
16/10	6 Contributor address; City; State; Zip Code B23 Congress Ave.	_		+000   beverages f   Kickoyy eve
	Aushin, To 7870	1	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor   out-of-state PAC (ID#:_		Amount of cantribution (\$)	In-kind contribution description (if applicable)
Xo[	Kathie law		Cantibation (\$)	description (if applicable)
116/10	Contributor address; City; State; Zip Code			4300
<b>!</b> • 1	Cedar Park TZ			photography
			(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
06/03/10	Texas Democratic Pa Contributor address; City; State; Zip Code 505 W. 127 Street Austin Texas 78701	nty	contribution (\$)	description (if applicable)  \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Principal occup	eation / Job title (See Instructions)	Employer (See I	<del></del>	of Texas, complete Schedule 1)
Date 07/01/10	Full name of contributor out-of-state PAC (ID#  Rachel		Amount of contribution (\$)	In-kind contribution description (if applicable)
' 110	Contributor address: City; State; Zip Code 1222 Sanchen ST San Francisco, CA	94114	100	
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	f Texas, complete Schedule T)
	Physician	termance		ar charp
Date	Full name of contributor out-of-state PAC (IC#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/10	Contributor address; City; State; Zip Code 26 Margranto Cr Austin, Texas 787	escent   03	1250	
Principal occup	ation / Job title (See Instructions)	Employer (See In	nstructions)	f Texas, complete Schedule T)
<del></del>	Attorney	Vinson	+ ELKIN	
	/ ATTACH ADDITIONAL COPIES OI	Baker (	ろoせる (sp	ouse-Meloni DeRos
If co	ontributor is out-of-state PAC, please see instru			

PLEDG	ED CONTRIBUTIONS			SCHEDULE B
The	Instruction Guide explains how to complete this	form.	1 Total pages Sched	ule B: 1 of 1
2 FILER NAME	Karin Crump		3 ACCOUNT # (Ethi	ics Cammission Filers)
4 TOTA	AL OF UNITEMIZED PLEDGES:	t) t) t)	ರ ರ	\$
5 Date	6 Fuil name of pledgor out-of-state PAC (ID#	Law Enforces	8 Amount of pledge (\$)	n-kind description (if applicable)
מוףיי	P. O. Box 142025  Austin, Texas 78714	PAC	*5500°°	
10 Principal occur		11 Employer (See in	<del></del>	Texas, complete Schedule T)
- Tincipal occu	pation / Job title (See Instructions)	11 Employer (See II		
Date 4/15/10	Full name of pledgor out-of-state PAC (ID#:	+ D	Amount of pledge (\$)	In-kind description (If applicable)
	San Antonio, Texas	78209	(If travel outside o	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	nstructions)	
Date (2/30)10	Full name of pledgor out-of-state PAC (10#:	7 38	Amount of piedge (\$)	In-kind description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See It	L	f Texas, complete Schedule T)
Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		1	
Principal occu	upation / Job title (See Instructions)	Employer (See I	<del></del>	f Texas, complete Schedule T)
Date	Full name of pledgor out-of-state PAC (ID#:  Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (If applicable)
			Alf transaction of	f Tayon annulus Calada Tay
Principal occu	) upation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
· · ·	ATTACH ADDITIONAL COPIES ( contributor is out-of-state PAC, please see instr			requirements.

Consulting Expense Event Expense Event Expense Event Expense Event Expense Fees Event Expense Fees Printing Expense Printing Printing Expense Printing Printing Expense Printing Printing Expense			
Advertising Expense Accounting Parking Expense Accounting Expense Accounting Expense Accounting Expense Event Expense Fees Fees Fees Fees Fees Fees Fees		EXPENDITURE CATEGORIES F	OR BOX 8(a)
1 Total pages Schedule F: 2 FILER NAME Karin Crump  4 Date  5 Payee name  Premere Political Communications  7 Payee address; City. State: Zip Code  4 S45.12  8 PURPOSE EXPENDITURE  9 Complete ONLY if direct expenditure to benefit C/OH  Date  Purpose Candidate / Officeholder name  Office sought  Candidate / Officeholder name  Office sought  Office sought  Office sought  Office held  Payee name  Candidate / Officeholder name  Office sought  Office sought  Office sought  Office held  Payee name  Candidate / Officeholder name  Office sought  Office sought  Office sought  Office sought  Office held  Payee name  Candidate / Officeholder name  Office sought  Office sought  Office sought  Office held  Payee name  Candidate / Officeholder name  Office sought  Office sought  Office sought  Office held  Payee name  Candidate / Officeholder name  Office sought  Office sought  Office held  Payee name  Candidate / Officeholder name  Office sought  Office sought  Office held  Payee name  Candidate / Officeholder name  Office sought  Office held  Payee name  Candidate / Officeholder name  Office sought  Office held  Payee name  Candidate / Officeholder name  Officeholder name  Officeholder Officeholder name  Officeholder Name  Officeholder Name  Officeholder Officeholder name  Officeho	Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Salaries/Wages/Con Legal Services Solicitation/Fundrais Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overhead/Re	tract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee ental Expense OTHER (enter a category not listed above)
Date   Payee name   S Payee name   Political Communications	1 Total pages Schodule E.		<u></u>
Promere Political Communications 6 Amount (s) 7 Payee address; City; State: Zip Code 4 Lollo Fessendon NW Wathington DC 2001 b 8 PURPOSE EXPENDITURE 9 Candidate / Officeholded name 9 Candidate ONLY if direct expenditure to benefit CiOH  Date 4 23 10 Payee name Servanos Symphony Synane Amount (s) Payee address; City: State: Eip Code 1111 Red River St. Ausning Reproduct of the schedule) Purpose Expenditure to benefit GioH  Description (It ravel outside of Texas, complete Schedule 1)  Purpose Category (See categories listed at the top of this schedule) Description (It travel outside of Texas, complete Schedule 1)  Purpose Complete ORILY if direct expenditure to benefit GioH  Date Date Date Date Date Candidate / Officeholder name Date Date Date Date Category (See categories listed at the top of this schedule) Description (It travel outside of Texas, complete Schedule 1)  Complete ORILY if direct expenditure to benefit GioH  Date Date Date Date Capital Asia Asia American Democratic Payee name Category (See categories listed at the top of the schedule) Purpose Category (See categories listed at the top of the schedule) Purpose Category (See categories listed at the top of the schedule) Purpose Category (See categories listed at the top of the schedule) Purpose Category (See categories listed at the top of the schedule) Purpose Category (See categories listed at the top of the schedule) Purpose Category (See categories listed at the top of the schedule) Purpose Complete ONLY It direct expenditure to Denefit CiOH  Date Payee name Payee name Candidate / Officeholder name Office solught Office held Payee name Payee name Payee name Candidate / Officeholder name Office solught Office held	10f 9	Karin Crump	3 ACCOUNT # (Ethics Commission Fiers)
# 345.12  # PURPOSE (a) Category (See categorishisted at the top of this schedule)  # Advertising (b) Description (If travel outside of Texas, complete Schedule T)  # Advertising (b) Description (If travel outside of Texas, complete Schedule T)  # Advertising (b) Description (If travel outside of Texas, complete Schedule T)  ## Advertising (b) Description (If travel outside of Texas, complete Schedule T)  ## Advertising (b) Description (If travel outside of Texas, complete Schedule T)  ## Advertising (b) Description (If travel outside of Texas, complete Schedule T)  ## Advertising (b) Description (If travel outside of Texas, complete Schedule T)  ## Advertising (b) Description (If travel outside of Texas, complete Schedule T)  ## Advertising (b) Description (If travel outside of Texas, complete Schedule T)  ## Advertising (b) Description (If travel outside of Texas, complete Schedule T)  ## Advertising (b) Description (If travel outside of Texas, complete Schedule T)  ## Advertising (b) Description (If travel outside of Texas, complete Schedule T)  ## Advertising (b) Description (If travel outside of Texas, complete Schedule T)  ## Advertising (c) Description (If travel outside of Texas, complete Schedule T)  ## Advertising (c) Description (If travel outside of Texas, complete Schedule T)  ## Advertising (c) Description (If travel outside of Texas, complete Schedule T)  ## Advertising (c) Description (If travel outside of Texas, complete Schedule T)  ## Advertising (c) Description (If travel outside of Texas, complete Schedule T)  ## Advertising (c) Description (If travel outside of Texas, complete Schedule T)  ## Advertising (c) Description (If travel outside of Texas, complete Schedule T)  ## Advertising (c) Description (If travel outside of Texas, complete Schedule T)  ## Advertising (c) Description (If travel outside of Texas, complete Schedule T)  ## Advertising (c) Description (If travel outside of Texas, complete Schedule T)  ## Advertising (c) Description (If travel outside of Texas, complete Schedule T	أساسناهم	Premiere Political	2 Communications
B PURPOSE (a) Category (See categorishisted at the top of this schedule)  QUITY if direct expenditure to benefit C/OH  Payee name  Purpose  Expenditure  Category (See categories sisted at the top of this schedule)  Payee name  Category (See categories sisted at the top of this schedule)  Purpose  Expenditure to benefit C/OH  Payee address; City: State: Eip code  HILL Red River St.  Ausning RTBO  Purpose  Expenditure  Candidate / Officeholder name  Complete QNLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Candidate / Officeholder name  Candidate / Officeholder name  Candidate / Officeholder name  Category (See categories sisted at the top of this schedule)  Purpose  Category (See categories sisted at the top of this schedule)  Candidate / Officeholder name  Candidate / Officeholder name  Candidate / Officeholder name  Category (See categories sisted at the top of this schedule)  Payee name  Candidate / Officeholder name  Candidate / Officeholder name  Category (See categories sisted at the top of this schedule)  Payee name  Category (See categories sisted at the top of this schedule)  Payee name  Category (See categories sisted at the top of this schedule)  Payee name  Category (See categories sisted at the top of this schedule)  Payee name  Category (See categories sisted at the top of this schedule)  Payee name  Category (See categories sisted at the top of this schedule)  Payee name  Category (See categories sisted at the top of this schedule)  Category (See categories sisted at the top of this schedule)  Category (See categories sisted at the top of this schedule)  Category (See categories sisted at the top of this schedule)  Category (See categories sisted at the top of this schedule)  Category (See categories sisted at the top of this schedule)  Category (See categories sisted at the top of this schedule)  Category (See categories sisted at the top of this schedule)  Category (See categories sisted at the top of this schedule)  Category (See categories sisted at the top of this sc	6 Amount (\$)		1
PURPOSE EXPENDITURE  AVERTISE IN A Category (See categories) interest of this schedule)  Gomplete QNLY if direct expenditure to benefit C/OH  Payee name  Payee name  Candidate / Office holder name  Payee name  Category (See categories intered at the top of this schedule)  Purpose  Category (See categories intered at the top of this schedule)  Payee name  Candidate / Office holder name  Office sought  Office sought  Office hold  Office holder in a complete of the schedule in the top of this schedule in	*345.12	-	
EXPENDITURE  Advertsing  Complete QNLY if direct expenditure to benefit C/OH  Payee name  Candidate / Officeholdername  Office sought  Office sought  Office held  Office sought  Office held  Office held  Office sought  Office held  Office held  Office sought  Office held  Office held  Office held  Office sought  Office held			
Payee name  Servanos Symphory Square  Amount (\$)  Payee address; City: State: Eip Code  Floor Ausnin, R. 78701  Purpose  Expenditure  Complete ONLY if direct expenditure to benefit CiOH  Payee address; City: State: Zip Code  Category (See categories listed at the top of this schedule)  Payee name  Candidate / Office holder name  Office sought  Office sought  Office held  Payee name  Payee address; City: State: Zip Code  P. D. Box 4540  Ausnin, R. 78701  Purpose  Category (See categories listed at the top of this schedule)  Payee name  Candidate / Office holder name  Office sought  Office held  Description (If travel outside of Texas, complete Schedule T)  Payee name  Category (See categories listed at the top of this schedule)  Purpose  Office Sought  Office held  Category (See categories listed at the top of this schedule)  Office Sought  Office held  Office Sought  Office held  Office Sought  Office held  Office Sought  Office held  Office Sought		<u> </u>	automated calls
Amount (\$)  Payee address; City: State: Eip Code  HO RASH. ROTOL  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit (F)  Amount (\$)  Payee address; City: State: Eip Code  Payee categories listed at the top of this schedule)  Complete ONLY if direct expenditure to benefit (70H  Candidate / Officeholder name  Office sought  Office sought  Office held  Office held  Payee name  Capital Ala Asian American Democrate  Amount (\$)  Payee address; City: State: Zip Code  P. D. Box 4540  Ausan B 7870  Purpose OF EXPENDITURE  Category (See categories listed at the top of this schedule)  Payee address; City: State: Zip Code  P. D. Box 4540  Ausan B 7870  Purpose OF EXPENDITURE  Category (See categories listed at the top of this schedule)  Candidate / Officeholder name  Office sought  Office light of travel outside of Texas, complete Schedule T)  Payean Sposorship  Candidate / Officeholder name  Office light  Office held  Office held			Office sought Office held
PURPOSE OF EXPENDITURE  Candidate / Officeholder name  OP 23 10  Purpose Amount (\$)  Purpose OF EXPENDITURE  Payee address;  Category (See categories listed at the top of this schedule)  Candidate / Officeholder name  Office sought  Office sought  Office held  Office held  Office held  Payee name  OP 33 10  Amount (\$)  Payee address;  City; State; Zip Code  P. D. Box 4500  Ausan, B 78701  Purpose OF EXPENDITURE  Candidate / Officeholder name  Office sought  Office held  Office held  Office held  Office sought  Office held	2(-2)	Payee name Sarranos Sympho	ry Savare
PURPOSE Category (See categories listed at the top of this schedule)  EXPENDITURE  Complete ONLY if direct expanditure to benefit C/OH  Payee name  Payee address; City: State: Zip Code  P. D. Box 4540  PURPOSE  EXPENDITURE  Candidate / Officeholder name  Category (See categories listed at the top of this schedule)  Payee name  Candidate / Officeholder name  Office sought  Office sought  Office held  Description (If travel outside of Texas, complete Schedule T)  Payee address; City: State: Zip Code  P. D. Box 4540  August D 78701  PURPOSE  EXPENDITURE  Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)  Payean Sporsoship  Candidate / Officeholder name  Office sought  Office sought  Office sought  Office sought  Office held	Amount (\$)	· · · · · · · · · · · · · · · · · · ·	1 0
PURPOSE OF EXPENDITURE  Complete ONLY if direct expanditure to benefit C/OH  Candidate / Officeholder name  Office sought  Office sought  Office held  Office held  Office held  Office held  Candidate / Officeholder name  Office sought  Office held  Office held  Description (if travel outside of Texas, complete Schedule Type of the schedule)  Payee name  Candidate / Officeholder name  Office sought  Office held  Office held  Description (if travel outside of Texas, complete Schedule Type of the schedule)  Purpose  Category (See categories listed at the top of this schedule)  Purpose  Category (See categories listed at the top of this schedule)  Payean Spososship  Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name	4100		
EXPENDITURE  Event Fee (depost) Prinary Night Event expenditure to benefit C/OH  Candidate / Officeholder name  Office sought  Office held			Description (If travel outside of Texas, complete Schedule T)
Date Date Date Date Date Date Date Date		Event Fee (deposit)	Prinary Night Event
Amount (\$)  Payee address; City; State: Zip Code  P. D. Box 4500  Ausan, R 78701  PURPOSE  OF  EXPENDITURE  Candidate / Officeholder name			Office sought Office held
Amount (\$) Payee address; City; State; Zip Code P. D. Box 4500  Ausan, B. 78701  PURPOSE Category (See categories listed at the top of this schedule)  EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Date  Payee name	Date		A .
P. D. Box 4500  Ausan, R 78701  PURPOSE OF Category (See categories listed at the top of this schedule)  PERPOSE OF Category (See categories listed at the top of this schedule)  Program Sponsorship  Complete ONLY if direct expenditure to benefit C/OH  Date Payee name	<u> </u>		an American Democrati
PURPOSE OF EXPENDITURE  Complete ONLY If direct expenditure to benefit C/OH  Category (See categories listed at the top of this schedule)  Program Sposs Ship  Candidate / Officeholder name  Office sought  Office held  Payee name	Amount (\$)		
PURPOSE OF EXPENDITURE  Category (See categories listed at the top of this schedule)  Poscription (if travel outside of Texas, complete Schedule T)  Poscription (if travel outside of Texas, complete Schedule T)  Poscription (if travel outside of Texas, complete Schedule T)  Poscription (if travel outside of Texas, complete Schedule T)  Poscription (if travel outside of Texas, complete Schedule T)  Poscription (if travel outside of Texas, complete Schedule T)  Poscription (if travel outside of Texas, complete Schedule T)  Poscription (if travel outside of Texas, complete Schedule T)  Poscription (if travel outside of Texas, complete Schedule T)  Poscription (if travel outside of Texas, complete Schedule T)  Poscription (if travel outside of Texas, complete Schedule T)  Poscription (if travel outside of Texas, complete Schedule T)  Poscription (if travel outside of Texas, complete Schedule T)  Poscription (if travel outside of Texas, complete Schedule T)  Poscription (if travel outside of Texas, complete Schedule T)  Poscription (if travel outside of Texas, complete Schedule T)  Poscription (if travel outside of Texas, complete Schedule T)  Poscription (if travel outside of Texas, complete Schedule T)  Poscription (if travel outside of Texas, complete Schedule T)  Poscription (if travel outside of Texas, complete Schedule T)  Poscription (if travel outside of Texas, complete Schedule T)  Poscription (if travel outside of Texas, complete Schedule T)  Poscription (if travel outside of Texas, complete Schedule T)  Poscription (if travel outside of Texas, complete Schedule T)  Poscription (if travel outside of Texas, complete Schedule T)  Poscription (if travel outside of Texas, complete Schedule T)  Poscription (if travel outside of Texas, complete Schedule T)  Poscription (if travel outside of Texas, complete Schedule T)  Poscription (if travel outside of Texas, complete Schedule T)  Poscription (if travel outside of Texas, complete Schedule T)	100		
Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Office bought  Office held  Payee name			Description (if travel outside of Texas, complete Schedule T)
expenditure to benefit C/OH  Date Payes name		Advertising	Program Sponsorship
			Office sought Office held
03/01/10/ HEB	02/2/1	Payee name HEB	
Amount (\$) Payee address; City; State; Zip Code	Amount (\$)		
146.54 11521 N. FM 620	446.54	11521 N. Fm 620	
PURPOSE Category (See categories listed at the top of this schedule) Description (Il travel outside of Texas, complete Schedule T)	PURPOSE	Category (See categories listed at the top of this schedule)	Description (Il travel outside of Texas, complete Schedule T)
EXPENDITURE Ruft Volunteer thank you	OF	Sitt	
Complete ONLY if direct	Complete ONLY if direct		·

	EXPENDITURE C	ATEGORIES FOR BOX	8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense S Legal Services S Food/Beverage Expense S Polling Expense S Printing Expense S	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expens	Loan Repayment/Reimbursement  Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee  OTHER (enter a category not listed above)
Total pages Schedule F:	2 FILER NAME	xplains how to complete th	
2019	Karin Cr	mp	3 ACCOUNT # (Ethics Commission Filers)
Date 1	5 Payee name Zocolo Caf	e '	
Amount (\$)		e: Zip Code	
27.32	Austra, TR 7		
PURPOSE OF	(a) Category (See categories listed at the top of		iption (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Food/Beverege	Volu	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder dame	Office	sought J Office held
03/02/10	Payee name Serrew's	Sim. Syr	iace
Amount (\$) +3600	Payee address; Red R 1111 Red R Austin, TR	e: Zid Code Ver 78701	
PURPOSE OF	Category (See categories listed at the top of	f this schedule) Descr	iption (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Tood/Berena	pe Pru	iman, Night Event
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name( DH	Office	sought Office held
Date 03/05/10	Payee name  Manuel's		
Amount (\$)	Payee address; Clty; Stat	e; Zip Code C Rd	
27.56	Austra 172 78	159	
PURPOSE	Category (See categories listed at the top-	· · · · · · · · · · · · · · · · · · ·	ription (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food Row.	Ger	revel Electron Mts
Complete ONLY If direct expenditure to benefit C/C	Candidate / Officeholder name	Office	sought Office held
Date	Payee name		
3/17/10	ProFlowers	·····	
Amount (\$)	Payee address; City; Sta 4840 Eest gat	e: Zip Code c Uall A 92121	\
PURPOSE	Category (See calegories listed at the top	of this schedule) Desc	ription (If travel outside of Texas, complete Scredule T)
OF EXPENDITURE	G- 475	Va	durteer thank you
Complete <u>QNLY</u> if direct expenditure to benefit C.		Office	sought Office Weld
	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDUL	LE AS NEEDED

POLITICAL	EXPENDITURES		SCHEDULE F
	EXPENDITURE CATEGOR	IES FOR BOX 8(a	)
Advertising Expense		ges/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services Solicitation/F	undraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In Dis	strict	Contributions/Donations Made By
Event Expense	Polling Expense Travel Out C		Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overh	ead/Rental Expense	OTHER (enter a category not listed above)
	The Instruction Guide explains ho	w to complete this fo	orm.
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
3019	Rann Crum	P	
4 Date	5 Payee name	f	
3/12/10	1 to Plovers		
6 Amount (\$)	7 Payee address; City; State; Zip Coo	ie .	
t	4040 6	Mall	
59.08	10 to Eastfate		
- 1,00	San aero, CA	9212	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule		(If travel outside of Texas, complete Schedule T)
OF	C 1:40	1	
EXPENDITURE	cuft?	Mouse	Event Host fift
9 Complete ONLY if direct	Candidate / Officeholder name	Office soug	ght Office held
expenditure to benefit C/	эн .		
Date -	Payee name		
3)	\ . · \ \ -		
((1)(0	Payee address; City; State; Zip Co		
Amount (\$)	Payee address; City; State; Zip Co	de A	
<b>\$</b>	4840 Eastgat	e Mall	
142 16			
7,00	San Diego CA 9	12121	
PURPOSE	Category (See categories listed at the top of this schedule	e) Descriptio	n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	1 1 4 5	11	. O. 1 H. 11 CT1
LAFENDITURE	1047)	Hou	se lary 1101 ACT -
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sou	ght Office held
Date 🤿	Payee name		
3/12/1	Darland		
110/10	<u> </u>	<del></del>	
Amount (\$)	Payee address; City; State; Zip Co	de '	
*10 =	10601 RR 2222	<b>-</b>	
12.00	AUSTIN 12 70735	2	
DUDDE CT			OF (Kirayal Auleida of Tayas, complain Schadula Ti
PURPOSE OF	Category (See categories listed at the top of this schedule	a) Descriptio	on (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Postage	tha	ak in lakois
	Candidate / Officeholder name	Office and	aht Office held
Complete <u>ONLY</u> if direct expenditure to benefit Cr		Office sou	ynt - Onice neid
expenditions to benefit Of		- <u>-</u>	
Date 2	Payee name		
3/22			
10)	Go Daddy . com		
Amount (\$)	Payee address; City; State; Zip Co	de	
*/~ c~	14455 Hayden Rd	2/ /0	
15.81	Scottsdale, Az 75	260	
	<del></del>		
PURPOSE	Category (See categories listed at the top of this schedul	e) Description	On (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	website hostina	Na na	ain fees
	<del></del>	yon	ari res
Complete ONLY if direc		Office sou	ght Office held
expenditure to benefit (	C/OH		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE A	S NEEDED

	EXPENDITURE /	CATEGORIES FO	R BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contra	act Labor Loan	Repayment/Reimbursemer	t
Accounting/Banking	Legal Services	Solicitation/Fundraising	_	sportation Equipment & Rela	
Consulting Expense	Food/Beverage Expense	Travel In District		ibutions/Donations Made B	
Event Expense	Polling Expense	Travel Out Of District	C	andidate/Officeholder/Politic	al Committee
Fees	Printing Expense	Office Overhead/Renta	al Expense OTH	ER (enter a category not lis	ted above)
	The Instruction Guide	explains how to con	plete this form.		
1 Total pages Schedule F.	2 FILER NAME	^		3 ACCOUNT # (Ethics Cor	nmission Filers)
4-19	Karin	hun a	1	· ·	·
4 Date	5 Payee name	2 arry	<u></u>		<del></del>
3/26/10	Gloria's Rosta				
6 Amount (\$)	7 Payee address; City; Sta	te: Zip Code			
<b>≯</b>	3309 Especa	ite; Zip Code	ρ		
12n 91	2 4: 2 7 8	-60			
20.16	Aushin, R 78	720 9			
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule) (t	) Description (If trav	el outside of Texas, complete Sch	edule T\
OF EXPENDITURE	Food I ser.		Volunte	er mfe	
<del></del>	Candidate / Officeholder name		Office sought	Office	held
Complete ONLY if direct expenditure to benefit C/C			Onido Sougric	Office	
Date •	Payee name				
2/29110	Annie's List	•			
Amount (\$)		ate; Zip Code Street			
4	506 W.7T	Street			
750.00					
1 20100	Austin TR 75	3701			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If trav	rel outside of Texas, complete Sc	redule T)
OF			1	1 Found on to.	•
EXPENDITURE	Event Elpens	e	Juncher	3//	ر در در
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office	held
expenditure to benefit C/6	ЭН				
Date					
	Payer name				
4/	Payee name	_			
4/14/10	Payee name Royal Tex	٤,5			
41	Royal Tex	ete; Zip Code			
4/14/10	Royal Tex	ate; Zip Code			
4/14/10	Royal Tex Payee address; City; Sta 5000 At Lam	ar			
4/14/10	Payee address; City; Sta 5000 At Lam	ete: Zip Code			
4/14/10	Royal Tex Payee address; City; Sta 5000 At Lam	ar 3751	Description (if tre	vel outside of Texas, complete Sc	hedule Τ <u>]</u>
4/14/10 Amount (\$)  \$ 334.41  PURPOSE OF	Payee address; City; Sta 5000 W. Lam Awth, TX 78 Category (See categories listed at the top	ar 3751			hedule T}
7)14/10 Amount (\$) \$ 334.41 PURPOSE	Royal Tex Payee address; City; Ste 5000 H. Lam Awth, TX 78	ar 3751	Description (if tra	ts	
Amount (\$)  \$ 334.41  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee address; City; Ste  5000 Wham  Austin 1 Tx 78  Category (See categories listed at the top  Advertising  Candidate / Officeholder name	ar 3751			
Amount (\$)  \$ 334.41  PURPOSE OF EXPENDITURE	Payee address; City; Ste  5000 Wham  Austin 1 Tx 78  Category (See categories listed at the top  Advertising  Candidate / Officeholder name	ar 3751	T-sher	ts	
Amount (\$)  \$ 334.41  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit Ch	Payee address; City; Sta  FOOD Wham  Austinity 78  Category (See categories listed at the top  Alver 6: 51 ing  Candidate / Officeholder name  OH	375   p of this schedule)	7-Shei	Office	
Amount (\$)  334.41  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/	Payee address; City; Ste  5000 Wham  Austin 1 Tx 78  Category (See categories listed at the top  Advertising  Candidate / Officeholder name	375   p of this schedule)	7-Shei	Office	
Amount (\$)  \$ 334.41  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit Ch	Payee address; City; Sta  FOOD Wham  Awthin TX 78  Category (See categories listed at the top  Advertising  Candidate / Officeholder name  OH  Payee name  First giving	Austin H	7-Shei	ts	
Amount (\$)  334.41  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/	Payee address; City; Sta  Food W. Lam  Authni TX 78  Category (See categories listed at the top  Candidate / Officeholder name  OH  Payee rame  First giving  Payee address; City; St.	Austin Hate; Zip Çode	7-Shei	Office	
Amount (\$)  \$ 334.41  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit Ch	Payee address; City; Sta  Food Wham  Awth 1 Tx 78  Category (See categories listed at the top  Candidate / Officeholder name  OH  Payee name  First giving  Payee address; City; Ist	Austin H	7-Shei	Office	
Amount (\$)  \$ 334.41  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit Ch	Payee address; City; Sta  Food Wham  Awthin Tx 78  Category (See categories listed at the top  Candidate / Officeholder name  OH  Payee name  First giving  Payee address; City; Ist  310 Gonal	Austin Hate; Zip Code	7-Shei	Office	
Amount (\$)  334.41  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C//	Payee address; City; Sta  Food Wham  Awth 1 Tx 78  Category (See categories listed at the top  Candidate / Officeholder name  OH  Payee name  First giving  Payee address; City; Ist	Austin Hate; Zip Code	T-Shei	Office	neld
Amount (\$)  334.41  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C//  Date  4/19/10  Amount (\$)  PURPOSE OF	Payee address; City; Sta  Food Wham  Austin IX 78  Category (See categories listed at the top  Alver his ing  Candidate / Officeholder name  OH  Payee name  First giving  Payee address; City; Ist.  310 Conal  Austin Tx	Austin Hate; Zip Code	Office sought  Office sought  Description (If tra	Office  Hunarith  vel outside of Texas, complete So	neld
Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit Ch  Date  4/19/10  Amount (\$)  PURPOSE	Payee address; City; Sta  Food Wham  Austin IX 78  Category (See categories listed at the top  Alver his ing  Candidate / Officeholder name  OH  Payee name  First giving  Payee address; City; Ist.  310 Conal  Austin Tx	Austin Hate; Zip Code	Office sought  Office sought  Description (If tra	Hunarih	neld
Amount (\$)  334.41  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C//  Date  4/19/10  Amount (\$)  PURPOSE OF	Payee address; City; Sta  FOOD Wham  Austral TX 78  Category (See categories listed at the top  Candidate / Officeholder name  Candidate / Officeholder name  Payee rame  Payee address; City; Ist  310 Gonal  Austral TX  Category (See categories listed at the top  Austral TX  Category (See categories listed at the top  Austral TX  Candidate / Officeholder name	Austin Hate; Zip Code Treet 18702 p of this schedule)	Office sought  Office sought  Description (If tra	Office  Humania  vel outside of Texas, complete So  O(O Director)	neld
Amount (\$)  \$ 334.41  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit Ch  Date  4/19/10  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee address; City; Sta  FOOD Wham  Austral TX 78  Category (See categories listed at the top  Candidate / Officeholder name  Candidate / Officeholder name  Payee rame  Payee address; City; Ist  310 Gonal  Austral TX  Category (See categories listed at the top  Austral TX  Category (See categories listed at the top  Austral TX  Candidate / Officeholder name	Austin Hate; Zip Code Treef 18702 p of this schedule)	Office sought  Office sought  Description (If Ira  Office sought	Office  Hunarich  veloutside of Texas, complete Sc  O(O) Director  Office	neld 7 Shedule Ti

	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/C	· ·
Accounting/Banking	Legal Services Solicitation/Fundra	aising Expense Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense Fees	Polling Expense Travel Out Of Dis Printing Expense Office Overhead/I	
. J <del></del>	The Instruction Guide explains how to	
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
549	Karin Crump	5 ACCOOK! # (Edito Commission Filals)
4 Date	5 Payee name	
4/211.	l'''	No. Deas
6 Amount (2)	Texas Hearing + Ser	الاه لحماع
6 Amount (\$)	7 Payee address; City; State; Zip Code	)
47500	4803 Rutherglen	
	austin Taxas 1874	4
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (if travel outside of Texas, complete Schedule T)
OF EXPENDITURE	01.000	Time Pan In Delile
	Adverti sunq	Event fee for Dog Walk
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder ∳ame	Office sought Office held
Date	Payee name	
1/28/10	Postnet	
Amount (\$)	Payee address; City; State; Zip Code	
<b>.</b>	10601 RR 2222	ı
*28.20		
		<u> </u>
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Postage	Thank you letters
Complete ONLY if direct	Candidate / Office bilder name	Office sought Office held
expenditure to benefit C/O	H	•
Date 1	Payee name	
41201	$\mathbf{A}$	}
1,20,10	Vivo Count	
Amount (\$)	Payee address; City; State; Zip Code  2015 Wanor Read	
₹54 12 l	_ , _ , _ , _ , _ , _ , _ , _ , _ , _ ,	į
01.16	Austra, TR 78722	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Front Land	Volunteer MHa
EXPENDITURE	rood Bev.	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name ਮ	Office sought Office held
охронолизе то велени С/О	··	
Date	Payee name	
3/17/10	HEB	1
Amount (\$)	Payee address; City; State; Zip Code	
<b>⋠</b> _ ``	11521 FM 620	
738.69		
		T
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food Advertising	Candy for Palines Part
		Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Omice sought Omice neith
		ACUERIUE - A METER
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

	EXPENDITUE	RE CATEGORIES	FOR BOX 8(a)		(
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co	• •	.oan Repayment/f	Reimhursement
Accounting/Banking	Legal Services	Solicitation/Fundra			ripment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	-	Contributions/Dona	
Event Expense	Polling Expense	Travel Out Of Dist			eholder/Political Committee
Fees	Printing Expense				
1.662	• ,	Office Overhead/R	,	,	ategory not listed above)
- <del></del>		ide explains how to	complete this form		
Total pages Schedule F:	2 FILER NAME			3 ACCOUNT	# (Ethics Commission Filers)
6049	JARIN	ring		<u> </u>	
5-3-10	5 Payee name	•			
アーライン	CTDF				
Amount (\$)	7 Payee address; City;	State: Zip Code			
\$20°	1311 E.	6+4			
$\omega$	Auch: TO	78720	>		
				Manual and de at Ta	an anniate Cahadala TV
PURPOSE OF	(a) Category (See categories listed at th	e lop of this schedule)	(b) Description (	If travel outside of lex	as, complete Schedule T)
EXPENDITURE	Event Fel		Food	/ lunch	en)
Complete ONLY if direct	Candidate / Officeholder na	me	Office sought	<del></del>	Office held
expenditure to benefit C/O					
Date 5-17-10	Payee hame	1. 0.	0		
	How Your	of than	ber		
Amount (\$)		State: Zip Code	Park	_# Bz	4O
X a B	2900 N.	Quintar	,	ى ر. يـــــــــــــــــــــــــــــــــــ	, –
7 70°	Anice -	70726	`		
au	Aushin, T	2 78739	<u> </u>		
PURPOSE	Category (See categories listed at th	e top of this schedule)	Description	(If travel outside of Te	(as, complete Schedule T)
OF EXPENDITURE	Event Fre		CAA-	Inde.	neh
			0500	<del></del>	<del></del>
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder na PH	ane	Office sough	·	Office held
	<del></del>				
Date 5/201 -	Payee name	Λ		0 -	
0720110	Travis Co	und Jun	ocratie	Parti	_
Amount (\$)	Payee address; City;	State: Zip Code	<u> </u>		<del></del>
≠""	13/1 6. (	ath Shae	<u>_</u>		
1 1,250 6	13/1 6. 4	علق آ در ۱۸ ۾			
70.	J. 5+2. I	79707	,		
PUDDOGE	Category (See categories listed at II	ne top of this schedule)	Description	(If travel outside of Te	xas, complete Schedule T)
PURPOSE OF	A		7	(	1 0
EXPENDITURE	Overlead E	Knerses	(pord	inated!	ansan "H
Complete ONLY if direct	Candidate / Officeholder na	ame	Office sough	<del> </del>	Office Jield
expenditure to benefit C/(		-			3/20
Date / 12 1/0	Рауее пате	1	A .	1	
6-2-10	XIOHAON	+ Hundin	ivic p	1-2-1	
Amount (\$)	Pavee address: City:	State: Zip Code	- · · · ·	1 000	
• •	Payee address; City;				
\$200 0°	F. U. 100X	م د موت			
· (S1).	Austra	D 7875.	5		
	<del></del>	<del></del>		(Marcon Lavoritor - CT	·
PURPOSE OF	Category (See categories listed at the	ne top of this schedule)	Description	In travel outside of Te	exes, complete Schedule T)
EXPENDITURE	Advertising		NW/A	CA Pa	rade mous
	Candidate / Officeholder na		Office sough	<u> </u>	Office held
Complete ONLY if direct expenditure to benefit Co		54110	Onice sough		Office (1610
Impondition to bolloni O					
<del></del>					

# 1-800-325-8506 SCHEDULE F Office held

### POLITICAL EXPENDITURES **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Polling Expense Travel Out Of District Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) City; State; Zip Code 7 Payee address; 3217 N. IH 35 Austin 1 to 78722 (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See categories listed at the top of this schedule) **PURPOSE** 8 OF EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name Payee address; PURPOSE Description (If travel outside of Texas, complete Schedule T) EXPENDITURE Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$ P.O. BOX 13321 Description (If travel outside of Texas, complete Schedule T) Advertising EXPENDITURE Candidate / Officeholder name Complete QNLY If direct expenditure to benefit CIOH Payee name Date ee address; City; State; Zip Code 2900 N. Quinlan Park B240 Amount (\$ Austri , Tz 78730 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF EXPENDITURE Marertising Candidate / Officeholder name Complete QNLY if direct expenditure to penefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	EYPENDITURE	E CATEGORIES FOR BOX	A(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expens e explains how to complate thi	Loan Repayment/Reimi Transportation Equipme Contributions/Donation: Candidate/Officeholi e OTHER (enter a catego	ent & Related Expense s Made By deriPolitical Committee
Total pages Schedule F	2 FILER NAME KARIN	Crump	3 ACCOUNT # (E	thics Commission Filers)
Date 6/3/10		mocratic !	Park	
\$ Amount (\$1)	7 Payee address: City: S 505 W. / Ausha, TR	tate: Zip Code 2th Street 7870/	<i>/</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the t	op of this schedule) (b) Descrip	otion (If travel outside of Texas, co	mplete Schedule T)
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder nam		<del></del>	Office held
Date 05/24/0	Payee name Bruce E	Hast Canno	ailn	
Amount (\$) 4 100	Payee address; City; S P.O. Box 17 Austin, To		J	
PURPOSE OF EXPENDITURE	Category (See categories listed at the C	op of this schedule)  Description  Description	otion (if travel outside of Texas, co	indexship
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder nam H	e Office s	ought	Office held
Date 6/7/10	Payee name The Hus			
#844.63	Payee address; City; S 36/5 D Austria, TQ	State: Zip Code y Creek Drive 78731	•	
PURPOSE OF EXPENDITURE	Category (See categories listed at the	top of this schedule) Descri	ption (If travel outside of Texas, of	· 1
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder nam	ne Office	<del></del>	Office held
Date (2/23) 10	Payee name	untig		
Amount (\$) 4 1650,000	Payee address; City; Salar Dar	State: Zip Cyde 78722		
PURPOSE OF EXPENDITURE	Category (See categories listed at the	10p of this schedule) Descr	ption (If travel outside of Texas, o	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder nam OH	ne Office		Office held
	ATTACH ADDITIONAL	COPIES OF THIS SCHEDUL	E AS NEEDED	

### DOLUTION EYDENDITUDES

SCHEDINE F

POLITICAL	EXPENDITURES	SCHEDULE F
	EVDENDITURE CATEGORIES	EOP POY 9(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/ii	ontract Labor aising Expense  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contributions (Contributions) Candidate/Officeholder/Political Committee  Contributions (Contributions) Candidate/Officeholder/Political Committee  Contributions (Contributions) Candidate/Officeholder/Political Committee  Contributions (Contributions)
	The Instruction Guide explains how to	
1 Total pages Schedule F:	Karin Crump	3 ACCOUNT # (Ethics Commission Filers)
4 Date (04) 02), 0	5 Payee name Pflugerville (ham	ber of Connerce
6 Amount (\$)	7 Payee address; City; State; Zip Code 101 5. 3rd Stree Pfhaerville, Te;	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event Expense	Chamber Chatter
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date 04/10/10	Payee name Kathie Tam	
Amount (\$)	Payee address; City; State; Zip Code	2011
*300°	Cedar Park , Te.	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fees	Photography for website
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Oate		mocretic Women
#\300	Payee address! City: State: Zip Code P.O. BOX 2211  Austra TX 78768	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	E-110-11-16	
EXPENDITURE	FOON I ISEU / EVENT	Meering
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED